

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/767,025 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
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100						
TOTAL IND.	4					
TOTAL DEP.	16					
TOTAL CLAIMS	20					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						